

SUBSEQUENT APPOINTMENT OF STATUTORY AGENT FOR SERVICE DOMESTIC LIMITED PARTNERSHIP

Office of the Secretary of the State

MAILING ADDRESS:

Commercial Recording Division
Connecticut Secretary of the State
P.O. Box 150470
Hartford, CT 06115-0470
860-509-6003

DELIVERY ADDRESS:

Commercial Recording Division
Connecticut Secretary of the State
30 Trinity Street
Hartford, CT 06106
860-509-6003

Space for Office Use Only		Filing Fee: \$10.00	Make Checks Payable To "Secretary of the State"
Name of Limited Partnership:			
The above Limited Partnership appoints as its statutory agent for service, one of the following:			
Name of natural person who is resident of Connecticut:		Business address: (P.O. box is unacceptable)	
		Residence address: (P.O. box is unacceptable)	
Name of Entity:		Address of principal office in Connecticut: (P.O. box is unacceptable)	
AUTHORIZATION:			
Dated this ____ day of _____, 20_____.			
_____ Print or type name of general partner		_____ Signature	
ACCEPTANCE:			
_____ Print or type name of statutory agent for service		_____ Signature of statutory agent for service	